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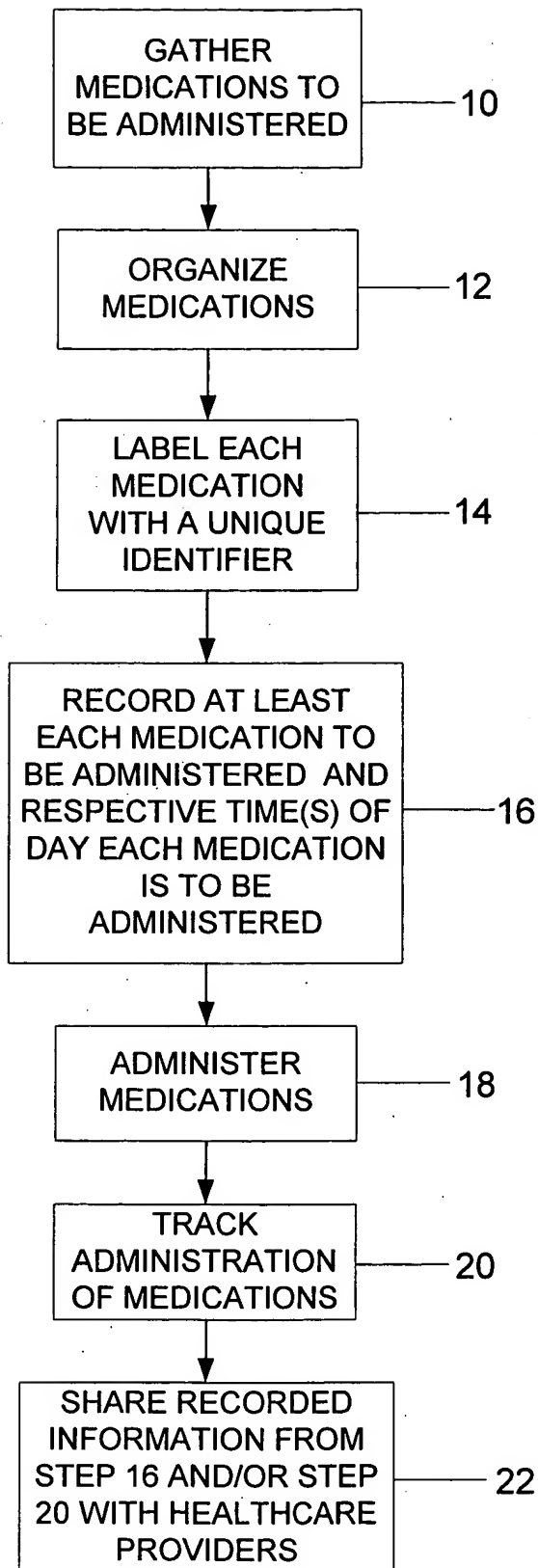
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**Fig. 1**

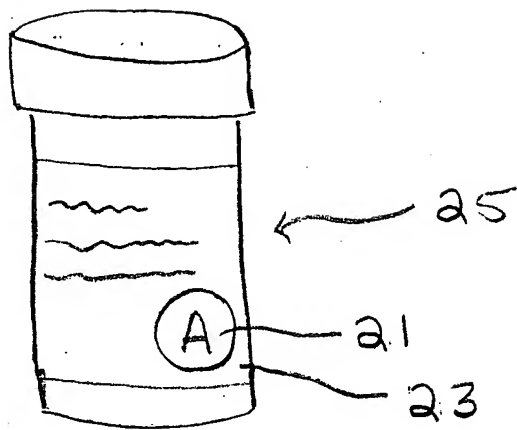
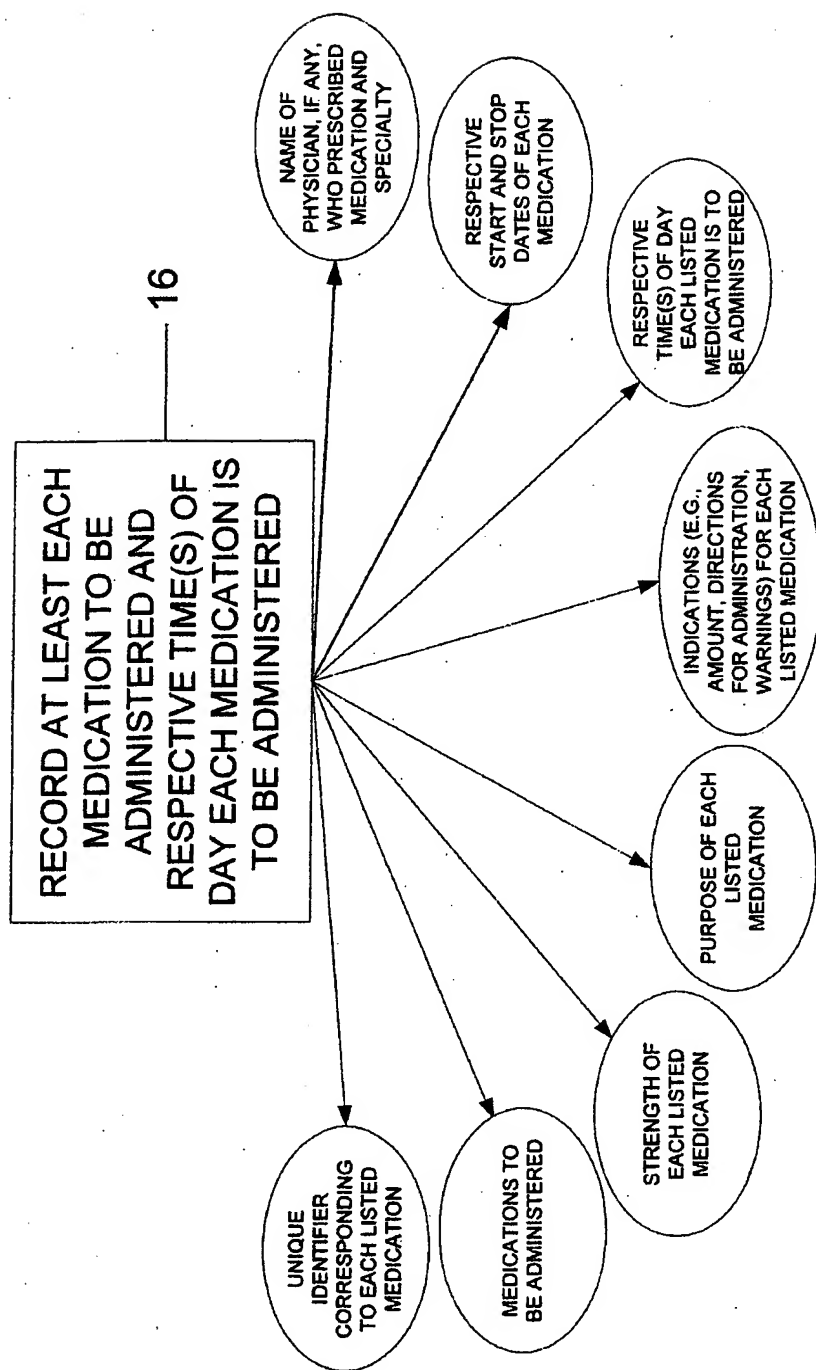


FIG. 2

| Medication   | Frequency |      |      |     |           |
|--------------|-----------|------|------|-----|-----------|
|              | a.m.      | noon | p.m. | bed | as needed |
| Medication 1 | X         |      | X    |     |           |
| Medication 2 |           |      |      |     | X         |
| Medication 3 | X         | X    | X    | X   |           |
| Medication 4 |           | X    |      |     |           |

30 → 32      34      36      38      40      42

FIG. 3



**Fig. 4**

| name | allergic to  |
|------|--|
| John | peanuts  |
| John | eggs   |
| John | shellfish  |
| John | fruits   |
| John | vegetables   |
| John | grains   |
| John | medicines  |
| John | insects  |
| John | pollen   |
| John | latex  |
| John | metals   |
| John | chemicals  |
| John | radiation  |
| John | fire   |
| John | electricity  |
| John | noise  |
| John | smell  |
| John | light  |
| John | temperature  |
| John | humidity   |
| John | air pollution  |
| John | water pollution  |
| John | soil pollution   |
| John | noise pollution  |
| John | light pollution  |
| John | heat pollution   |
| John | acid rain  |
| John | global warming   |
| John | ozone depletion  |
| John | climate change   |
| John | environmental degradation                                    |
| John | loss of biodiversity   |
| John | deforestation  |
| John | desertification  |
| John | soil erosion   |
| John | water scarcity   |
| John | air quality  |
| John | water quality  |
| John | soil quality   |
| John | noise levels   |
| John | light levels   |
| John | temperature levels   |
| John | humidity levels  |
| John | air pollution levels   |
| John | water pollution levels                                       |
| John | soil pollution levels  |
| John | noise pollution levels                                       |
| John | light pollution levels                                       |
| John | heat pollution levels  |
| John | acid rain levels   |
| John | global warming levels  |
| John | ozone depletion levels                                       |
| John | climate change levels  |
| John | environmental degradation levels                             |
| John | loss of biodiversity levels                                  |
| John | deforestation levels   |
| John | desertification levels                                       |
| John | soil erosion levels  |
| John | water scarcity levels  |
| John | air quality levels   |
| John | water quality levels   |
| John | soil quality levels  |
| John | noise levels levels  |
| John | light levels levels  |
| John | temperature levels levels                                    |
| John | humidity levels levels                                       |
| John | air pollution levels levels                                  |
| John | water pollution levels levels                                |
| John | soil pollution levels levels                                 |
| John | noise pollution levels levels                                |
| John | light pollution levels levels                                |
| John | heat pollution levels levels                                 |
| John | acid rain levels levels                                      |
| John | global warming levels levels                                 |
| John | ozone depletion levels levels                                |
| John | climate change levels levels                                 |
| John | environmental degradation levels levels                      |
| John | loss of biodiversity levels levels                           |
| John | deforestation levels levels                                  |
| John | desertification levels levels                                |
| John | soil erosion levels levels                                   |
| John | water scarcity levels levels                                 |
| John | air quality levels levels                                    |
| John | water quality levels levels                                  |
| John | soil quality levels levels                                   |
| John | noise levels levels levels                                   |
| John | light levels levels levels                                   |
| John | temperature levels levels levels                             |
| John | humidity levels levels levels                                |
| John | air pollution levels levels levels                           |
| John | water pollution levels levels levels                         |
| John | soil pollution levels levels levels                          |
| John | noise pollution levels levels levels                         |
| John | light pollution levels levels levels                         |
| John | heat pollution levels levels levels                          |
| John | acid rain levels levels levels                               |
| John | global warming levels levels levels                          |
| John | ozone depletion levels levels levels                         |
| John | climate change levels levels levels                          |
| John | environmental degradation levels levels levels               |
| John | loss of biodiversity levels levels levels                    |
| John | deforestation levels levels levels                           |
| John | desertification levels levels levels                         |
| John | soil erosion levels levels levels                            |
| John | water scarcity levels levels levels                          |
| John | air quality levels levels levels                             |
| John | water quality levels levels levels                           |
| John | soil quality levels levels levels                            |
| John | noise levels levels levels levels                            |
| John | light levels levels levels levels                            |
| John | temperature levels levels levels levels                      |
| John | humidity levels levels levels levels                         |
| John | air pollution levels levels levels levels                    |
| John | water pollution levels levels levels levels                  |
| John | soil pollution levels levels levels levels                   |
| John | noise pollution levels levels levels levels                  |
| John | light pollution levels levels levels levels                  |
| John | heat pollution levels levels levels levels                   |
| John | acid rain levels levels levels levels                        |
| John | global warming levels levels levels levels                   |
| John | ozone depletion levels levels levels levels                  |
| John | climate change levels levels levels levels                   |
| John | environmental degradation levels levels levels levels        |
| John | loss of biodiversity levels levels levels levels             |
| John | deforestation levels levels levels levels                    |
| John | desertification levels levels levels levels                  |
| John | soil erosion levels levels levels levels                     |
| John | water scarcity levels levels levels levels                   |
| John | air quality levels levels levels levels                      |
| John | water quality levels levels levels levels                    |
| John | soil quality levels levels levels levels                     |
| John | noise levels levels levels levels levels                     |
| John | light levels levels levels levels levels                     |
| John | temperature levels levels levels levels levels               |
| John | humidity levels levels levels levels levels                  |
| John | air pollution levels levels levels levels levels             |
| John | water pollution levels levels levels levels levels           |
| John | soil pollution levels levels levels levels levels            |
| John | noise pollution levels levels levels levels levels           |
| John | light pollution levels levels levels levels levels           |
| John | heat pollution levels levels levels levels levels            |
| John | acid rain levels levels levels levels levels                 |
| John | global warming levels levels levels levels levels            |
| John | ozone depletion levels levels levels levels levels           |
| John | climate change levels levels levels levels levels            |
| John | environmental degradation levels levels levels levels levels |
| John | loss of biodiversity levels levels levels levels levels      |
| John | deforestation levels levels levels levels levels             |
| John | desertification levels levels levels levels levels           |
| John | soil erosion levels levels levels levels levels              |
| John | water scarcity levels levels levels levels levels            |
| John | air quality levels levels levels levels levels               |
| John | water quality levels levels levels levels levels             |
| John | soil quality levels levels levels levels levels              |
| John | noise levels levels levels levels levels levels              |
| John | light levels levels levels levels levels levels              |
| John | temperature levels levels levels levels levels levels        |
| John | humidity levels levels levels levels levels levels           |
| John | air pollution levels levels levels levels levels levels      |
| John | water pollution levels levels levels levels levels levels    |
| John | soil pollution levels levels levels levels levels levels     |
| John | noise pollution levels levels levels levels levels levels    |
| John | light pollution levels levels levels levels levels levels    |
| John | heat pollution levels levels levels levels levels levels     |
| John | acid rain levels levels levels levels levels levels          |
|      |  |

**date**

[illegible]

↑ 57    ↑ 53    ↑ 54    ↑ 55    —    ↑ 50    ↑ 51    ↑ 52    ↑ 53    ↑ 62    ↑ 63

5  
 6  
 7  
 8

65

| SEPT | week day: | am | noon | pm | bed | as needed | notes: |
|------|-----------|----|------|----|-----|-----------|--------|
| 1    |           |    |      |    |     |           |        |
| 2    |           |    |      |    |     |           |        |
| 3    |           |    |      |    |     |           |        |
| 4    |           |    |      |    |     |           |        |
| 5    |           |    |      |    |     |           |        |
| 6    |           |    |      |    |     |           |        |
| 7    |           |    |      |    |     |           |        |
| 8    |           |    |      |    |     |           |        |
| 9    |           |    |      |    |     |           |        |
| 10   |           |    |      |    |     |           |        |
| 11   |           |    |      |    |     |           |        |
| 12   |           |    |      |    |     |           |        |
| 13   |           |    |      |    |     |           |        |
| 14   |           |    |      |    |     |           |        |
| 15   |           |    |      |    |     |           |        |
| 16   |           |    |      |    |     |           |        |
| 17   |           |    |      |    |     |           |        |
| 18   |           |    |      |    |     |           |        |
| 19   |           |    |      |    |     |           |        |
| 20   |           |    |      |    |     |           |        |
| 21   |           |    |      |    |     |           |        |
| 22   |           |    |      |    |     |           |        |
| 23   |           |    |      |    |     |           |        |
| 24   |           |    |      |    |     |           |        |
| 25   |           |    |      |    |     |           |        |
| 26   |           |    |      |    |     |           |        |
| 27   |           |    |      |    |     |           |        |
| 28   |           |    |      |    |     |           |        |
| 29   |           |    |      |    |     |           |        |
| 30   |           |    |      |    |     |           |        |

| AUG | week day: | am | noon | pm | bed | as needed | notes: |
|-----|-----------|----|------|----|-----|-----------|--------|
| 1   |           |    |      |    |     |           |        |
| 2   |           |    |      |    |     |           |        |
| 3   |           |    |      |    |     |           |        |
| 4   |           |    |      |    |     |           |        |
| 5   |           |    |      |    |     |           |        |
| 6   |           |    |      |    |     |           |        |
| 7   |           |    |      |    |     |           |        |
| 8   |           |    |      |    |     |           |        |
| 9   |           |    |      |    |     |           |        |
| 10  |           |    |      |    |     |           |        |
| 11  |           |    |      |    |     |           |        |
| 12  |           |    |      |    |     |           |        |
| 13  |           |    |      |    |     |           |        |
| 14  |           |    |      |    |     |           |        |
| 15  |           |    |      |    |     |           |        |
| 16  |           |    |      |    |     |           |        |
| 17  |           |    |      |    |     |           |        |
| 18  |           |    |      |    |     |           |        |
| 19  |           |    |      |    |     |           |        |
| 20  |           |    |      |    |     |           |        |
| 21  |           |    |      |    |     |           |        |
| 22  |           |    |      |    |     |           |        |
| 23  |           |    |      |    |     |           |        |
| 24  |           |    |      |    |     |           |        |
| 25  |           |    |      |    |     |           |        |
| 26  |           |    |      |    |     |           |        |
| 27  |           |    |      |    |     |           |        |
| 28  |           |    |      |    |     |           |        |
| 29  |           |    |      |    |     |           |        |
| 30  |           |    |      |    |     |           |        |
| 31  |           |    |      |    |     |           |        |

| JULY | week day: | am | noon | pm | bed | as needed | notes: |
|------|-----------|----|------|----|-----|-----------|--------|
| 1    |           | ✓  | ✓    | ✓  | ✓   | ✓         |        |
| 2    |           |    |      |    |     |           |        |
| 3    |           |    |      |    |     |           |        |
| 4    |           |    |      |    |     |           |        |
| 5    |           |    |      |    |     |           |        |
| 6    |           |    |      |    |     |           |        |
| 7    |           |    |      |    |     |           |        |
| 8    |           |    |      |    |     |           |        |
| 9    |           |    |      |    |     |           |        |
| 10   |           |    |      |    |     |           |        |
| 11   |           |    |      |    |     |           |        |
| 12   |           |    |      |    |     |           |        |
| 13   |           |    |      |    |     |           |        |
| 14   |           |    |      |    |     |           |        |
| 15   |           |    |      |    |     |           |        |
| 16   |           |    |      |    |     |           |        |
| 17   |           |    |      |    |     |           |        |
| 18   |           |    |      |    |     |           |        |
| 19   |           |    |      |    |     |           |        |
| 20   |           |    |      |    |     |           |        |
| 21   |           |    |      |    |     |           |        |
| 22   |           |    |      |    |     |           |        |
| 23   |           |    |      |    |     |           |        |
| 24   |           |    |      |    |     |           |        |
| 25   |           |    |      |    |     |           |        |
| 26   |           |    |      |    |     |           |        |
| 27   |           |    |      |    |     |           |        |
| 28   |           |    |      |    |     |           |        |
| 29   |           |    |      |    |     |           |        |
| 30   |           |    |      |    |     |           |        |
| 31   |           |    |      |    |     |           |        |

↑ 66  
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 ↑ 69  
 ↑ 70  
 ↑ 71  
 ↑ 72  
 ↑ 73

FIG. 6

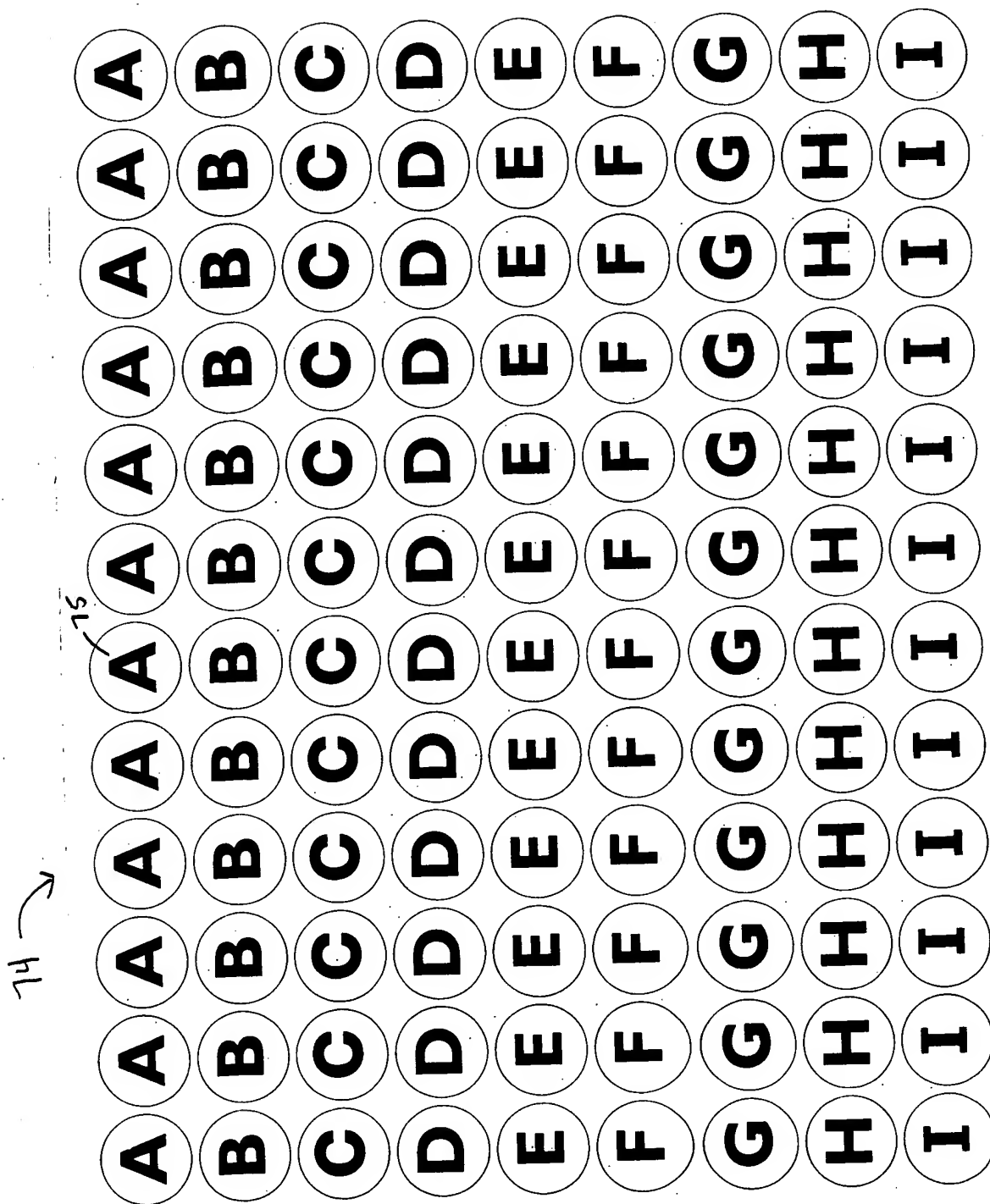


FIG. 7(a)

76 ↘      77 ↓

| name        |                       | date    |                                |             |      |    |     |           |            |           |           |
|-------------|-----------------------|---------|--------------------------------|-------------|------|----|-----|-----------|------------|-----------|-----------|
| allergic to |                       |         |                                |             |      |    |     |           |            |           |           |
| A-Z letter  | medication / strength | purpose | amount / directions / warnings | Time of Day |      |    |     |           | start date | stop date | physician |
|             |                       |         |                                | am          | noon | pm | bed | as needed |            |           |           |

FIG. 7(b)

78 ↘      79 ↓

| JAN | week day: | am | noon | pm | bed | as needed | notes: |
|-----|-----------|----|------|----|-----|-----------|--------|
| 1   |           |    |      |    |     |           |        |
| 2   |           |    |      |    |     |           |        |
| 3   |           |    |      |    |     |           |        |
| 4   |           |    |      |    |     |           |        |
| 5   |           |    |      |    |     |           |        |
| 6   |           |    |      |    |     |           |        |
| 7   |           |    |      |    |     |           |        |
| 8   |           |    |      |    |     |           |        |
| 9   |           |    |      |    |     |           |        |
| 10  |           |    |      |    |     |           |        |
| 11  |           |    |      |    |     |           |        |
| 12  |           |    |      |    |     |           |        |
| 13  |           |    |      |    |     |           |        |
| 14  |           |    |      |    |     |           |        |
| 15  |           |    |      |    |     |           |        |
| 16  |           |    |      |    |     |           |        |
| 17  |           |    |      |    |     |           |        |
| 18  |           |    |      |    |     |           |        |
| 19  |           |    |      |    |     |           |        |
| 20  |           |    |      |    |     |           |        |
| 21  |           |    |      |    |     |           |        |
| 22  |           |    |      |    |     |           |        |
| 23  |           |    |      |    |     |           |        |
| 24  |           |    |      |    |     |           |        |
| 25  |           |    |      |    |     |           |        |
| 26  |           |    |      |    |     |           |        |
| 27  |           |    |      |    |     |           |        |
| 28  |           |    |      |    |     |           |        |
| 29  |           |    |      |    |     |           |        |
| 30  |           |    |      |    |     |           |        |
| 31  |           |    |      |    |     |           |        |

| FEB           | week day: | am | noon | pm | bed | as needed | notes: |
|---------------|-----------|----|------|----|-----|-----------|--------|
| 1             |           |    |      |    |     |           |        |
| 2             |           |    |      |    |     |           |        |
| 3             |           |    |      |    |     |           |        |
| 4             |           |    |      |    |     |           |        |
| 5             |           |    |      |    |     |           |        |
| 6             |           |    |      |    |     |           |        |
| 7             |           |    |      |    |     |           |        |
| 8             |           |    |      |    |     |           |        |
| 9             |           |    |      |    |     |           |        |
| 10            |           |    |      |    |     |           |        |
| 11            |           |    |      |    |     |           |        |
| 12            |           |    |      |    |     |           |        |
| 13            |           |    |      |    |     |           |        |
| 14            |           |    |      |    |     |           |        |
| 15            |           |    |      |    |     |           |        |
| 16            |           |    |      |    |     |           |        |
| 17            |           |    |      |    |     |           |        |
| 18            |           |    |      |    |     |           |        |
| 19            |           |    |      |    |     |           |        |
| 20            |           |    |      |    |     |           |        |
| 21            |           |    |      |    |     |           |        |
| 22            |           |    |      |    |     |           |        |
| 23            |           |    |      |    |     |           |        |
| 24            |           |    |      |    |     |           |        |
| 25            |           |    |      |    |     |           |        |
| 26            |           |    |      |    |     |           |        |
| 27            |           |    |      |    |     |           |        |
| 28            |           |    |      |    |     |           |        |
| 29 (day part) |           |    |      |    |     |           |        |

| MAR | week day: | am | noon | pm | bed | as needed | notes: |
|-----|-----------|----|------|----|-----|-----------|--------|
| 1   |           |    |      |    |     |           |        |
| 2   |           |    |      |    |     |           |        |
| 3   |           |    |      |    |     |           |        |
| 4   |           |    |      |    |     |           |        |
| 5   |           |    |      |    |     |           |        |
| 6   |           |    |      |    |     |           |        |
| 7   |           |    |      |    |     |           |        |
| 8   |           |    |      |    |     |           |        |
| 9   |           |    |      |    |     |           |        |
| 10  |           |    |      |    |     |           |        |
| 11  |           |    |      |    |     |           |        |
| 12  |           |    |      |    |     |           |        |
| 13  |           |    |      |    |     |           |        |
| 14  |           |    |      |    |     |           |        |
| 15  |           |    |      |    |     |           |        |
| 16  |           |    |      |    |     |           |        |
| 17  |           |    |      |    |     |           |        |
| 18  |           |    |      |    |     |           |        |
| 19  |           |    |      |    |     |           |        |
| 20  |           |    |      |    |     |           |        |
| 21  |           |    |      |    |     |           |        |
| 22  |           |    |      |    |     |           |        |
| 23  |           |    |      |    |     |           |        |
| 24  |           |    |      |    |     |           |        |
| 25  |           |    |      |    |     |           |        |
| 26  |           |    |      |    |     |           |        |
| 27  |           |    |      |    |     |           |        |
| 28  |           |    |      |    |     |           |        |
| 29  |           |    |      |    |     |           |        |
| 30  |           |    |      |    |     |           |        |
| 31  |           |    |      |    |     |           |        |

FIG. 7(c)



## INSTRUCTIONS



### 1. label...

- Gather all your prescription and over-the-counter medications. (Include herbal products, dietary supplements, pain relievers, eye drops, nose sprays, cough syrups, etc.)
- Under the red tab below, locate the **A-Z labels**. Place a different letter of the alphabet on each medication container.

*If you refill a prescription, use the same letter of the alphabet on the new container.*

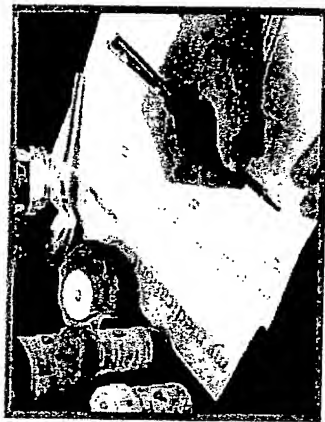


### 2. list...

Under the yellow tab below, locate a blank **medication chart**. A sample medication chart is visible when you lift the tab.

Using the **sample medication chart** as your guide, begin to list your medications. Start with medication **A**, then **B**, etc.

*Review your medication chart with your physician or pharmacist on each visit.*



### 3. take safely.

**Every time you take your medications:**

- Using your **medication chart** and your **A-Z labels** as guides, remove only those medications you need for that time of day.
- Read the directions and warnings on your chart before you take each medication.
- After you take each medication, place that container away from the others.
- Under the blue tab, locate the **daily checklist** for the current month. Indicate under the correct day and time that your medications were taken.

80 →

FIG. 7(d)

# healthcare contacts

name

|         |           |         |           |          |           |
|---------|-----------|---------|-----------|----------|-----------|
| Dr.     | specialty | Dr.     | specialty | Dr.      | specialty |
| phone   |           | phone   |           | phone    |           |
| fax     | e-mail    | fax     | e-mail    | fax      | e-mail    |
| address |           | address |           | address  |           |
| Dr.     | specialty | Dr.     | specialty | Dr.      | specialty |
| phone   |           | phone   |           | phone    |           |
| fax     | e-mail    | fax     | e-mail    | fax      | e-mail    |
| address |           | address |           | address  |           |
| Dr.     | specialty | Dr.     | specialty | Pharmacy |           |
| phone   |           | phone   |           | phone    |           |
| fax     | e-mail    | fax     | e-mail    | fax      |           |
| address |           | address |           | address  |           |
| Dr.     | specialty | Dr.     | specialty | Pharmacy |           |
| phone   |           | phone   |           | phone    |           |
| fax     | e-mail    | fax     | e-mail    | fax      |           |
| address |           | address |           | address  |           |

FIG. 7(e)

# emergency contacts

name \_\_\_\_\_  
date of birth \_\_\_\_\_

|  |                                 |   |
|--|---------------------------------|---|
| <b>Emergency #</b> 911                       | <b>Hospital name</b>            | <b>Insurance Co.</b>                        |
| <b>Fire Department #</b>                     | phone                           | policy #                                    |
| <b>Police Department #</b>                   | fax                             | I.D. #                                      |
| <b>Ambulance Service #</b>                   | address                         | phone                                       |
| <b>National Poison Center 1-800-222-1222</b> |                                 | address                                     |
| <b>Emergency contact</b>                     | <b>Clinic name</b>              | <b>Insurance Co.</b>                        |
| <b>relationship</b>                          | phone                           | policy #                                    |
| <b>phone (h) (w)</b>                         | fax                             | I.D. #                                      |
| <b>cell phone</b>                            | address                         | phone                                       |
| <b>e-mail</b>                                |                                 | address                                     |
| <b>Emergency contact</b>                     | <b>ORGAN/DONOR TISSUE CARD:</b> | <b>MEDICAL CONDITIONS</b>                   |
| <b>relationship</b>                          | witness phone                   | <input type="checkbox"/> asthma             |
| <b>phone (h) (w)</b>                         | witness phone                   | <input type="checkbox"/> cancer             |
| <b>cell phone</b>                            | date card was signed            | <input type="checkbox"/> depression         |
| <b>e-mail</b>                                | location of card                | <input type="checkbox"/> diabetes           |
|  |                                 | <input type="checkbox"/> emphysema          |
|  |                                 | <input type="checkbox"/> heart disease      |
|  |                                 | <input type="checkbox"/> hypertension       |
| <b>POWER OF ATTORNEY FOR HEALTHCARE:</b>     | <b>LIVING WILL:</b>             | <input type="checkbox"/> infectious disease |
| <b>name</b>                                  | attorney                        | <input type="checkbox"/> kidney disease     |
| <b>phone</b>                                 | phone                           | <input type="checkbox"/> liver disease      |
| <b>date of document</b>                      | date of will                    |   |
| <b>location of document</b>                  | location of will                | <b>ALLERGIES</b>                            |
|  |                                 | medications: _____                          |
|  |                                 | food: _____                                 |
|  |                                 | other: _____                                |

FIG. 7(f)

## PRESCRIPTIONS AND OVER-THE-COUNTER MEDICATIONS

name \_\_\_\_\_ relationship \_\_\_\_\_ cell ①  
home ① \_\_\_\_\_ work ①  
city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

insurance co. \_\_\_\_\_  
policy holder \_\_\_\_\_  
member ID# \_\_\_\_\_  
group ID# \_\_\_\_\_  
phone \_\_\_\_\_ fax \_\_\_\_\_

Medicare ☐ yes ☐ no

name \_\_\_\_\_  
address \_\_\_\_\_  
phone \_\_\_\_\_ fax \_\_\_\_\_

name \_\_\_\_\_ specialty \_\_\_\_\_  
address \_\_\_\_\_  
phone \_\_\_\_\_ fax \_\_\_\_\_

name \_\_\_\_\_ specialty \_\_\_\_\_  
address \_\_\_\_\_  
phone \_\_\_\_\_ fax \_\_\_\_\_

## PREScriptions AND

| OVER-THE-COUNTER MEDICATIONS | medication | dose |
|------------------------------|------------|------|
|------------------------------|------------|------|

## MEDICAL CONDITIONS

|   |       |
|---|-------|
| <input type="checkbox"/> asthma             | _____ |
| <input type="checkbox"/> cancer             | _____ |
| <input type="checkbox"/> depression         | _____ |
| <input type="checkbox"/> diabetes           | _____ |
| <input type="checkbox"/> emphysema          | _____ |
| <input type="checkbox"/> heart disease      | _____ |
| <input type="checkbox"/> hypertension       | _____ |
| <input type="checkbox"/> infectious disease | _____ |
| <input type="checkbox"/> kidney disease     | _____ |
| <input type="checkbox"/> liver disease      | _____ |

## ALLERGIES

medications: \_\_\_\_\_  
 food: \_\_\_\_\_  
 other: \_\_\_\_\_

## Vital Information WALLET CARD

## PERSONAL INFORMATION

name \_\_\_\_\_  
address \_\_\_\_\_  
city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_  
home ☎ \_\_\_\_\_ work ☎ \_\_\_\_\_  
birthdate / / SS # \_\_\_\_\_

☐ male ☐ female      blood type \_\_\_\_\_

blood pressure ☐ normal ☐ high ☐ low

organ/tissue donor ☐ yes ☐ no  
donor card location \_\_\_\_\_

living will ☐ yes ☐ no  
living will location \_\_\_\_\_

Do you need help  
organizing your medications?  
Ask your Kerr Drug pharmacist about  
**my med manager**

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brought to you by

**GLAXOSMITH-KLINE**

92 ✓ 93

name John Doe  
allergic to penicillin

date 1/16/04

| A-Z<br>letter | medication / strength  | purpose             | amount / directions / warnings   | Time of Day |      |    |     |              | start<br>date | stop<br>date | physician |                             |
|---------------|------------------------|---------------------|--|-------------|------|----|-----|--------------|---------------|--------------|-----------|-----------------------------|
|               |                        |                     |  | am          | noon | pm | bed | as<br>needed |               |              |           |                             |
| A             | hydralazine HCl 25 mg  | high blood pressure | 1<br>tablet twice a day  | X           |      | X  |     |              |               | 4/8/02       |           | Kline<br>(cardiologist)     |
| B             | warfarin 5 mg          | blood thinner       | 1<br>tablet once a day (limit vitamin K foods,<br>such as kale, spinach, broccoli) | X           |      |    |     |              |               | 5/20/02      |           | Kline<br>(cardiologist)     |
| C             | timolol 0.25%          | glaucoma            | 1<br>drop in each eye twice a day  | X           |      | X  |     |              |               | 12/10/03     |           | Carter<br>(ophthalmologist) |
| D             | hydrocodone GF         | cough               | 1<br>teaspoonful (5 mL) every four<br>hours for five days                          | X           | X    | X  | X   | X            |               | 1/16/04      | 1/20/04   | Anderson<br>(internist)     |
| E             | promethazine HCl 25 mg | nausea and vomiting | 1<br>in rectum every six hours<br>as needed (keep in refrigerator)                 |             |      |    |     | X            |               | 2/1/04       |           | Anderson<br>(internist)     |
| F             | calcium 600 mg         | bone strength       | 1<br>tablet three times a day  | X           | X    | X  |     |              |               | 2/14/04      |           |                             |
| G             | St. John's wort        | mood                | 1<br>capsule three times a day   | X           |      | X  | X   |              |               | 3/18/04      |           |                             |
| H             | albuterol              | shortness of breath | 2<br>inhalations every four to six hours<br>as needed (avoid caffeine)             |             |      |    |     | X            |               | 4/24/04      |           | Robinson<br>(allergist)     |
| I             | zolpidem 10 mg         | insomnia            | 1<br>tablet at bedtime for sleep<br>as needed (no alcohol)                         |             |      |    |     | X            |               | 5/20/04      |           | Martin<br>(psychiatrist)    |
| J             | ciprofloxacin 500 mg   | infection           | 1<br>tablet twice a day (on an empty stomach)                                      | X           |      |    |     |              | X             | 5/25/04      | 5/31/04   | Smith<br>(urologist)        |

FIG. 7(h)



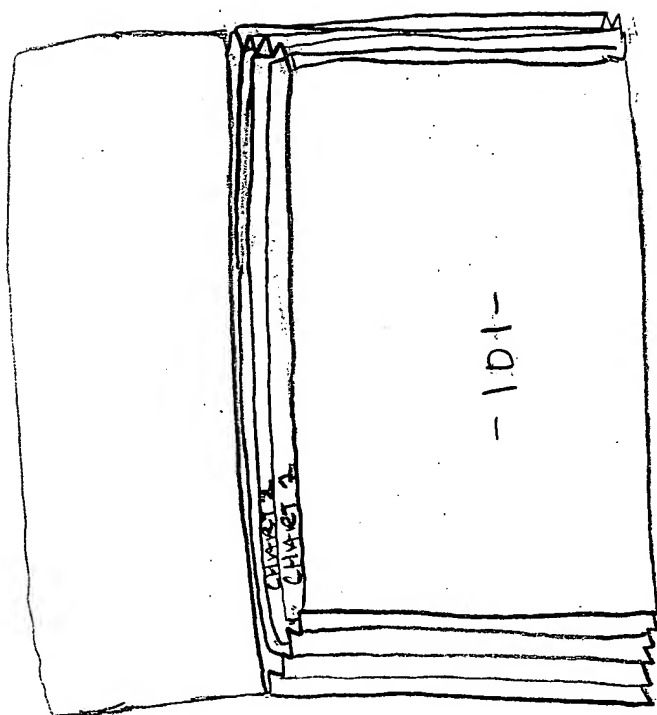
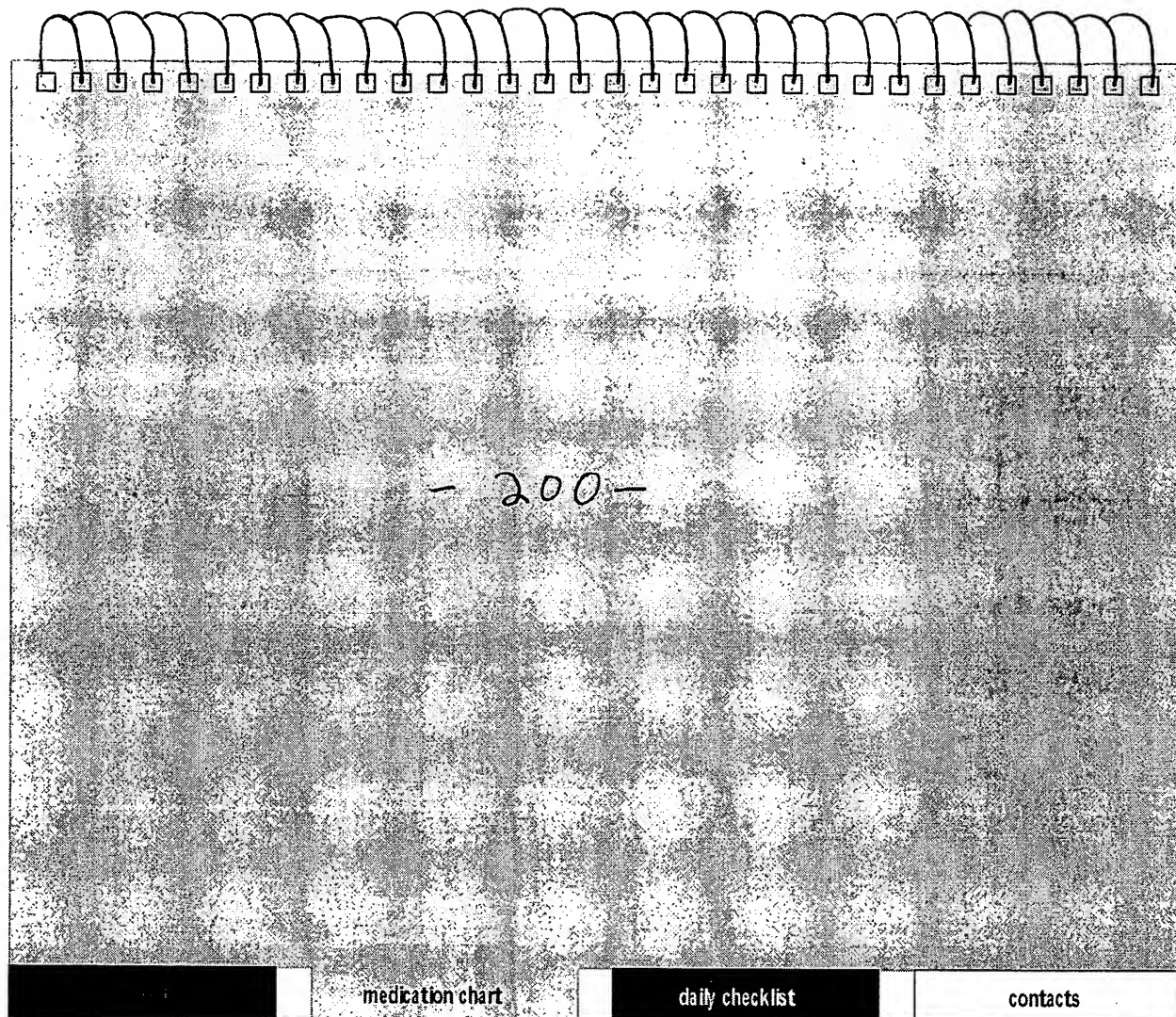


FIG. 7(j)



201

FIG. 7(k)